

SAMPLE STATEMENT OF FINANCIAL RIGHTS

FOR AN INDIVIDUAL RESIDING IN A RESIDENTIAL PROGRAM OPERATED BY PROVIDER ORGANIZATION

1. It is required that a financial statement of the individual's resources be provided and that each individual be requested to entrust personal funds to (Provider) except in cases where alternative financial arrangements have been made.
2. An individual has the right to receive, retain, and manage his or her personal funds, have this done by a legal guardian, designate another person to manage them, or authorize Provider in writing to hold, safeguard, and account for his or her personal funds.
3. (Provider) shall hold, safeguard, and account for an individual's personal funds only upon written authorization by the individual, parent, guardian, or other responsible party or if Provider is appointed as the individual's representative payee.
4. (Provider) will not charge any individual to hold, safeguard, and account for personal funds but shall include any charges for this service in (Provider) residential fee.
5. In accordance with (Provider's) policy, current, written, individual, records of all financial transactions involving an individual's personal funds, for which (Provider) is custodian, will be maintained.
6. In accordance with (Provider's) policy, each individual will be provided with reasonable access to his or her own financial records and personal funds.
7. Each individual's personal funds received by (Provider) for holding, safeguarding, and accounting will be kept separate from (Provider's) funds.
8. For an individual who has been managing his or her own funds and becomes incapable of doing so, (Provider) will serve as temporary representative payee. This will continue until a permanent representative payee is appointed.

These rights/services have been explained to me and I understand how they affect me. I have designated _____ to manage my personal financial affairs in a manner consistent with my financial plan outlined in my Individual Program Plan.

Individual's Name: _____

Signature: _____

Date: _____

Witness: _____

As parent, guardian, or responsible party, these rights/services have been explained to me and I understand how they affect my relative/individual with whom I am concerned. I understand that I am signing on his/her behalf.

Name: _____

Relation to Individual: _____

Date: _____

Signature: _____

Witness: _____

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Statement of Financial Rights
Supporting Schedule 1